

JAN 0 9 2005

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re: Application of:

Applicants: David A. Olaker, et al

Examiner:

Pierre-Louis Desir

Serial No.:

10/755,196

Group Art Unit: 2681

Filed:

01/09/2004

Confirmation No.: 9206

Title:

Locating Method

and System

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

## CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following papers are being transmitted by facsimile transmission to the US Patent & Trademark Office, fax number 571-273-8300 on the date shown below:

Fee Transmittal (1 page)

Credit Card Payment Form (1 page)

Petition for Extension of Time (1 page)

Response Under 37 CFR 1.111 (5 pages)

January 9, 2006

W. David Sartor, Reg. No. 50,560

Date

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JAN 0 9 2005

PTO/SB/17 (12-04)
Approved for use through 07/31/2005, OMB 0551-0032
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	Complete if Known										
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818)					Application Number 10/755,196						
	: IKAN	ANSMITTAL			Filing Date		01/09/2004				
For FY 2005				First Named Inve	entor	David A. Olaker					
Applicant claims small entry status See 37 CFR 1.27					Examiner Name		Pierre-Louis Desir				
				Art Unit 2681							
TOTAL AMOUNT OF PAYMENT (5) 60.00				Attorney Docket	Docket No. 10231-003						
METHOD OF PAYMENT (check all that apply)											
Check ✓ Credit Card  Money Order  None  Other (please identify):											
Deposit Account Deposit Account Number Deposit Account Name:											
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)											
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee											
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FEE CALCULATION											
1. BASIC FILING, SEARCH, AND EXAMINATION FEES											
	FILI	NG F	EES S Dall Enthy	EAR	CH FEES	EXAM	INATIO				
Application '	TYPE FEE			00 (Ş)	Small Entity Ess. (\$)	Fee (		Entity e (S)	Fees P	aid (\$)	
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Design	200		100 1	100	50	130	ć	55			
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2. EXCESS CI								_		Small Entity	
Fee Description			ach claim over 20	٠		_ , ,		_	<u>Eee (\$)</u>	Fee (\$)	
Each independe	nt claim over 3	or for	Reissues each in	ı ang Mena	more than in the	c ongu	in the o	II riginal pate	50 nt 200	25	
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100 Multiple dependent claims 360 180											
Total Claims Extra Claims				Fee F	Pald (5) Multipl		e Depen	dent Claims		<b>4</b>	
	or HP =		k = _			Fee	(\$)	<u> Poo Paic</u>	1 (\$)		
indop. Claims	<u>Extra C</u>			Fee P	aid (\$)				—	-	
HP = highest number of independent claims paid for, if greater than 3											
3. APPLICATION SIZE FEE											
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity)											
for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).											
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)											
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)											
Other: Petition for 1 month extension of time 60.00											
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IA DOSOFT AND THE REST OF THE					MINIEWAGEIRI			Telephone	44. 240 1124		
Name (Print/Type)	W. David S	sarto	ır					Date 01/0	り/フかかく	1	

This collection of information is required by 37 CFR 1.136. The information is required to ottain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially, is governed by 35 u.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gamening, preparing, and submitted application form to the USPTO. Time will very depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for requering this puritien, should be sent to the Chief information Officer, U.S. Patient and Tradement Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.

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